

STATEMENT OF ECONOMIC INTERESTS
RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

Date Received
Official Use Only

3/8/11

(d)(5)

Please type or print in ink.

11 APR -1: AM 11:09

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Johnston Jon W

1. Office, Agency, or Court

Agency Name

City of Shafter

Division, Board, Department, District, if applicable

Your Position

City Council

Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: See attached Sheet

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Shafter

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is 01 / 01 / 2011, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

Date Signed 03/08/2011
(month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Jon W. Johnston

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

UFCW Union&Food Emp. JT Trust Fund

ADDRESS (Business Address Acceptable)

6425 Katella Ave

BUSINESS ACTIVITY, IF ANY, OF SOURCE

none

YOUR BUSINESS POSITION

Retired

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Social Security Admin

ADDRESS (Business Address Acceptable)

PO Box 2000 Richmond VA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Retired

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

Jon W Johnston

ADDRESS (Business Address Acceptable)

320 Faber Street Shafter CA

BUSINESS ACTIVITY, IF ANY, OF LENDER

Retired

HIGHEST BALANCE DURING REPORTING PERIOD

- ☒ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☒ None

TERM (Months/Years)

indefinite

SECURITY FOR LOAN

☒ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Best, Best & Krieger
 ADDRESS (Business Address Acceptable)
3750 University Ave #400, Riverside, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 16 / 10</u>	<u>\$ \$123.34</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
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<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

ATTACHMENT TO
CALIFORNIA FORM 700
JON WILLIAM JOHNSTON
01/01/2010 – 12/31/2010

SHAFTER COMMUNITY DEVELOPMENT AGENCY
CITY CHARITABLE PURPOSE FOUNDATION
CIVIC IMPROVEMENT CORPORATION
CITY SOFTWARE INSTITUTE
INDUSTRIAL DEVELOPMENT AUTHORITY
JOINT POWERS FINANCING AUTHORITY
KERN COUNTY COMMISSION ON AGING
KERN COG

CHAIRPERSON
DIRECTOR
BOARD MEMBER
DIRECTOR
BOARD MEMBER
BOARD MEMBER
Board Member
ALTERNATE